



**North Tyneside Council**

# **Concessionary Travel Pass Eligibility Application**

**for North Tyneside residents  
who are disabled**

## **Applying for a Concessionary Travel Pass if you are disabled**

The National Concessionary Travel Pass allows you free off-peak travel on local busses in Tyne and Wear and elsewhere in England between 9:30am and 11pm on weekdays, all day weekends and bank holidays. The pass also provides concessionary travel on the Shields Ferry and on Northern Rail Services between Newcastle and Blaydon from 9:30am Monday to Friday, all day at weekends and on public holidays. For more information about the Concessionary Travel Pass contact Nexus on 0191 20 20 747.

If you live in North Tyneside you can apply for a Concessionary Travel Pass for residents who are disabled if you have one or more of the disabilities listed in Section 5 and are of fare paying age (5 years or older).

If you are applying for the Concessionary Travel Scheme on the grounds of disability, you must first be assessed by North Tyneside Council to establish if you are eligible for a Travel Pass. If you are eligible, you will be issued with a Certificate of Eligibility.

Please complete all relevant sections of the application form. You must provide acceptable proof of your disability or your application may not be considered.

We may refuse to issue a Certificate of Eligibility if you do not provide adequate evidence that you meet the eligibility criteria or you do not complete the form.

**Please complete the application using a black pen** and post to the address below.

North Tyneside Council  
Quadrant East  
Blue Badge Team  
1<sup>st</sup> Floor Left  
Cobalt Business Park  
Silverlink North  
North Tyneside  
NE27 0BY

Our Customer First Centres are now open on an appointment basis only. Please do not attend a Customer First Centre without first calling us to make an appointment.

If you require any assistance completing the form or need to provide evidence at one of our Customer First Centres please call 0345 2000 106 to make an appointment.

<b>Section 1</b>				
Title: (Mr, Mrs, Miss, Ms)				
First names (in full):				
Surname:				
Name at Birth:				
Gender:	Male:		Female:	
Date of Birth: (DD/MM/YYYY)				
Current address and contact details:				
	Postcode:			
	Home Tel:	Mobile Tel:		
Email:				
Do you currently hold a Blue Badge?	Yes:		No:	
If Yes, please give the Blue Badge number and expiry date	Blue Badge Number:			
	Expiry date:			

<b>Section 2</b>				
<p>If you can answer <b>YES</b> to one of the following questions and you can supply the evidence required (see Section 5) you are eligible for a Concessionary Travel Pass.</p>				
In receipt of the Higher Rate of the Mobility Component of the Disability Living Allowance	Yes:		No:	
In receipt of Personal Independence Payment showing 8 points or more in one of the eligible descriptors of the 'Communicating Verbally' activity of the Daily Living Component	Yes:		No:	
In receipt of Personal Independence Payment showing 8 points or more in one of the eligible descriptors of the 'Moving Around' activity of the Mobility Component	Yes:		No:	
Receiving War Pensioners Mobility Supplement	Yes:		No:	

**Section 3**

You must answer **YES** to one of the following questions to qualify for a Disabled Persons Concessionary Travel Pass. You must also provide acceptable proof of your disability (see Section 6).

Are you registered blind or partially sighted?	Yes:		No:	
Are you profoundly or severely deaf?	Yes:		No:	
Are you without speech?	Yes:		No:	
Have you lost the use of both your arms?	Yes:		No:	
Do you have severe learning disabilities?	Yes:		No:	
Have you or would you have been refused a driving licence on medical grounds? (Other than on the grounds of persistent misuse of drugs or alcohol)	Yes:		No:	
Have you a disability or injury which has a substantial and long-term diverse effect on your ability to walk?	Yes:		No:	
Please give details of your permanent and substantial disability which impairs your ability to walk. (You must provide acceptable proof of this disability):				

**Section 4: Mandatory declaration about the information you have provided and the application process.**

Please ✓ (tick) each one to indicate you have read, understand and agree with each declaration. NOT ticking one of these declarations will mean we are unable to issue you with a Certificate of Eligibility

I confirm that, as far as I know, the details I have provided are complete and accurate. I realise that you may take action against me if I have provided false information in this application form.	
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I understand that you will deal with all documents relating to this application in line with the Data Protection Act 1998, and you may share them with the Department of Transport, Nexus and other Council Departments.	
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I agree to the local authority contacting an accredited healthcare professional, if necessary, for the purpose of obtaining further information in support of my application.	
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I understand that I may be required to undertake a mobility assessment with a healthcare professional who is independent of my existing care and treatment, in order to determine my eligibility for a Concessionary Travel Pass.	
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**Signed:**

**Date:**

<b>Section 5: Acceptable proof</b>	
In receipt of the Higher Rate of the Mobility Component of the Disability Living Allowance	Letter of entitlement showing that the higher rate is received for help with getting around. The letter must be dated within the last 12 months.
In receipt of Personal Independence payment showing eight points or more in one of the eligible descriptors of the 'Moving Around' activity of the Mobility Component.	<p>Letter of entitlement showing one of the following descriptors under the Mobility Component section of the letter.</p> <ul style="list-style-type: none"> <li>• I've decided you can stand and then move unaided more than 20 meters but no more than 50 meters.</li> <li>• I've decided you can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres.</li> <li>• I've decided you can stand and then move more than 1 metre but no more than 20 metres.</li> <li>• I've decided you cannot stand or move more than 1 metre.</li> </ul> <p>The letter must be dated within the last 12 months.</p>
In receipt of Personal Independence payment showing 8 points or more in one of the eligible descriptors of the 'Communicating Verbally' activity of the Daily Living Component	<p>Letter of entitlement showing one of the following descriptors under the 'Communicating Verbally' activity of the Daily Living Component.</p> <ul style="list-style-type: none"> <li>• I've decided you can express and understand basic verbal information with help from someone who is trained or experienced in helping people to communicate.</li> <li>• I've decided you cannot express or understand verbal information at all, even with help from someone who is trained or experienced in helping people to communicate.</li> </ul> <p>The letter must be dated within the last 12 months.</p>

Receiving War Pensioners Mobility Supplement	Original award letter from the Service Personnel and Veterans Agency.
Blind or partially sighted	Certificate of Vision Impairment from an Ophthalmologist OR evidence of registration with an appropriate association (eg Social Services)
Profoundly or severely deaf	Evidence of registration with an appropriate association (eg Social Services) OR letter from a Health Care Professional confirming that you are profoundly or severely deaf.
Without speech	Evidence of registration with an appropriate association (eg Social Services) OR letter from a Health Care Professional confirming that you are without speech.
Long term loss of the use of both your arms or the loss of both arms	Letter from a Health Care Professional confirming the loss of the use of both your arms or the loss of both arms.
Severe learning disabilities (A state of arrested or incomplete development of mind, which includes significant impairment of intelligence and social functioning. These must have started before adulthood and have a lasting effect on development. Please note conditions such as dyslexia, dyspraxia and ADHD are not covered by this definition)	<p><b>School Pupils</b> : A copy of your Statement of Special Needs (SEN)</p> <p><b>Adults aged 16 and over:</b> evidence (on headed paper) of attendance at or association with a local learning disability organisation.</p>
Refused or would be refused a driving licence on medical grounds? The pass must be returned if the restriction is lifted	<p>Letter from the DVLA confirming the refusal of a driving licence <b>OR</b> a letter from a Health Care Professional confirming that you would be refused a driving licence due to your medical condition.</p> <p><b>This does NOT include those excluded from holding a licence due to persistent misuse of drugs and / or alcohol</b></p>
Disability or injury which has a substantial and long-term diverse effect on your ability to walk	Letter from a Health Care Professional confirming that your walking ability is permanently and substantially impaired and that you are unable to walk without severe discomfort.